

EXHIBIT 263

SUBMISSION TIMEFRAME FOR MDS RECORDS

Type of Record	Primary Reason (AA8a)	Secondary Reason (AA8b)	Final Completion Or Event Date	Submit By
Admission Asmt.	01	all values	VB4	VB4 + 31
Annual Asmt.	02	all values	VB4	VB4 + 31
Sign. Change Asmt.	03	all values	VB4	VB4 + 31
Sign. Correction Full Asmt.	04	all values	VB4	VB4 + 31
Quarterly Asmt.	05	all values	R2b	R2b + 31
Sign. Correction	10	all values	R2b	R2b + 31
Quarterly Asmt. Asmt. for Medicare PPS only (with AA8a = 00)	00	1 thru 5, 7, 8	R2b	R2b + 31
Discharge Tracking	06, 07, 08	blank	R4	R4 + 31
Reentry Tracking	09	blank	A4a	A4a + 31

Type of Record	Primary Reason (AA8a)	Secondary Reason (AA8b)	Final Completion Or Event Date	Submit By
Correction Request	all values	all values	AT6	AT6 + 31

Exhibit 263 MDS Item Legend

ITEM

DESCRIPTION

- VB4 Date of the signature of the person completing the care planning decision on the RAP summary sheet (section V), indicating which RAPs are addressed in the care plan.

- R2b Date of the RN assessment coordinator's signature, indicating that the MDS is complete.

- R4 Date of death or discharge.

- A4a Date of reentry.

- AT6 Date of the RN coordinator's signature on the Correction Request Form certifying completion of the correction request information and the corrected assessment or tracking form information.